PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | | | | 10/556228 | | | |
|----------------------------|---|--|-------------------|-------------------------------|-----------------------|------------------|----|---------------------|------------------------|----|---------------|------------------------|
| | | CLAIMS A | | (Column 1) (C | | | | SMALL ENT | TITY | OR | OTHER SMALL E | |
| U.S. NATIONAL STAGE FEES | | | | | | | 1 | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | | | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | | | | | EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | | 1 | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | min | nus 100 = | | / 50 = | 1 | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | \ () minus 20 = ⋆ | | * | * / | | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | minus 3 = | | * / | | 1 | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPENI | DENT CLAIM PR | SENT | | | | | + \$ 180 = | | OR | + \$ 360 = | / |
| * If | the difference | in column 1 is | less than zer | o, enter "(|)" in co | lumn 2 | -4 | TOTAL | | OR | TOTAL | 900 |
| | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | SMALL E | | OR | OTHER SMALL E | NTITY |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUM PREVIO PAID | OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPEND | | | | CLAIM | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. | |
| | | (Column 1) | | (Colur | mn 2) | (Column 3) | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | IEST IBER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. | |
| * ** | If the entry in colu | umn 1 is less than th umber Previously Pa | e entry in column | n 2, write "0" | in column | n 3. | | | | | | |
| | n die riignest Ni | minuel Fleviously Pa | IU FOI IN IMISS | PAUL IS IES | s than '2 | u, enter "20". | | | | | | |

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.